STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type over the lines	12FE4M5
SUPERVALUII	NC POLITICAL ACTION COMMITTEE, (ValuPAC)	
ADDRESS (number and s	treet) 11840 Valley View Road	
(Check if address		
X is changed)	Eden Prairie	MN 55344 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	svu.pac@supervalu.com	
is changed)		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
(Check if address is changed)	www.supervalugr.com	
is changed)		
2. DATE 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00243220	7
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	_
4. IS THIS STATEM	ENT NEW (N) ON A AMENDED (A)	
I a subtificable at the constraint		
r certily that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct a	na complete
Type or Print Name of	Treasurer Mr. Scott Christensen	
Signature of Treasurer	Electronically Filed by Mr. Scott Christensen	Date 03 / 27 / Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this Sta	tement to the penalties of 2 U.S.C. S437g.
	ANY CHANGE IN INFORMATION SHOULD BE REPORTED	WITHIN 10 DAYS
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530	